Breastfeeding In Emergencies

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Learning Objectives



Identify risks associated with infant feeding in emergencies



Conduct a simple triage as an infant feeding responder



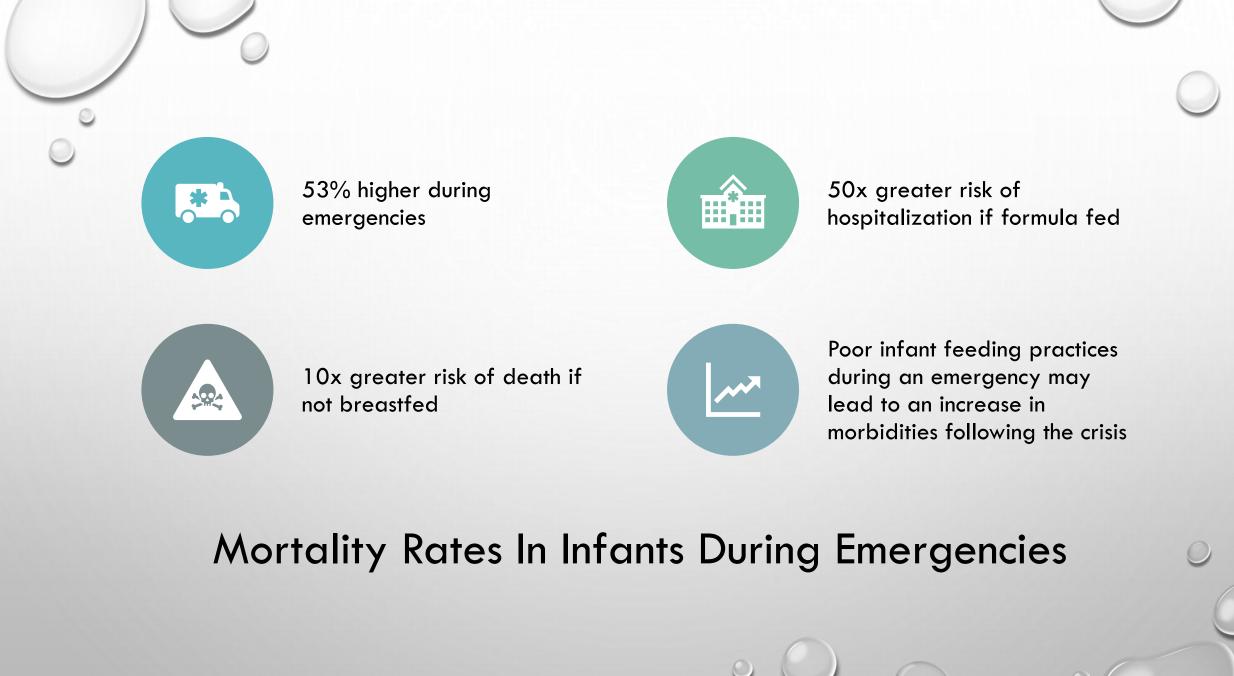
Support safer infant feeding practices



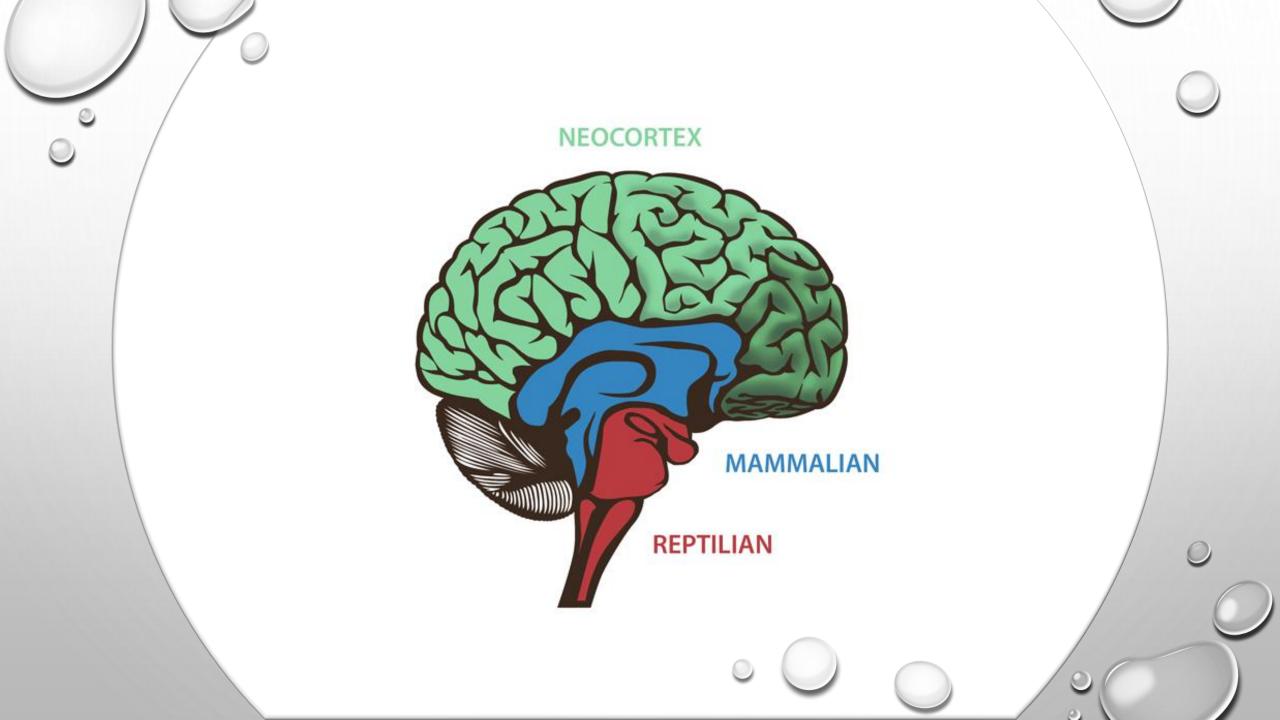
Utilize a trauma and culturally informed approach

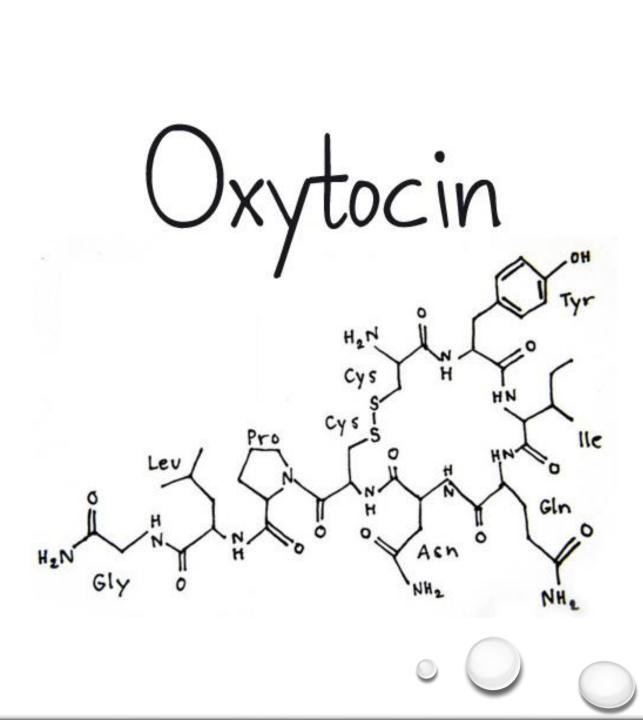


Obtain resources for emergency preparedness









Cultural Considerations: Trauma

- Communities of color and LGTBQ communities experience trauma as a part of daily life
- Many communities have collective narratives about strength and survival

Infant And Young Child Behavior



Babies feeding more frequently and being unsettled during feeds



Toddlers wanting to eat more or not wanting to eat at all



Wanting to be held more and showing increased clinginess



Difficulty in going to sleep and waking more frequently during day and night sleeps



Regressions in learned behaviors such as sitting, crawling and walking



Being whiney, wanting more attention, or being easily distressed or withdrawn



Stressed parents find it more difficult to notice their baby's or toddler's behavioral communication



Reducing Stress In Stressful Places

Breathe

- 1. Hands on chest and belly
- 2. Breathe into belly
- 3. Exhale slowly

Mantra

- 1. "I am enough"
- 2. "We will make it work"
- 3. "My body made my baby, it will nourish my baby too."

Other

- 1. Mirroring reflecting back
- Grounding activities feet as roots
- 3. Visualization



Stress, trauma, grief, or sexual violence do not spoil a mother's breastmilk, but she needs care that helps to restore her emotional balance.

Cultural Considerations: Stress and Breastmilk

- Many cultures have beliefs about the impacts of stress on breastmilk
- The caregiver's personal beliefs may vary from that of their support system
- Approach with curiosity

Lactation Professionals As Emergency Professionals

Shelters



Hospitals



Community





Breastfeeding*

- Protective factors, reduced maternal child anxiety, readily available
- Myths related to breastfeeding



Cross Nursing*

- Protective factors, builds community connection
- Cross nurse needs nutritional support, cultural considerations



Ready to Feed Infant formula (RTF)

- Premixed and can be bought in individual portions
- Sanitization risk due to reuse of teats/bottles, supply chain risks, increased risk of diarrhea



Powdered Infant Formula (PIF)

- Most familiar, frequently donated
- Formula/water contamination, costlier due to equipment needs, must sterilize all implements, supply chain risks, increased risk of diarrhea

Emergency Feeding Method Hierarchy



When There Is
Something
Between The
Breastmilk And
The Baby





Formula Safety Changes In Emergencies

Cultural Considerations: Cross Nursing

- Wet nursing is a concept deeply rooted in historical trauma for the African American community
- Muslim communities have a varied approach to cross nursing,
 which may be best addressed individually or as a community



Infant Feeding Assessment

1. Observe a Breastfeed

- Back to basics: latch, sucking, physical comfort
- Caregiver confidence

2. Listen and Learn

- Frequency
- Pacifier use
- Complementary food or drinks
- Beliefs and worries
- Mother/caregiver physical and emotional wellbeing
- Interest in increasing breastmilk/relactation

3. Observe Formula Feed

- Assess for resources formula, preparation facilities, storage, time
- Caregiver management of feeding – hygiene, technique, interaction, adequacy, age appropriate

The Role Of Lactation Support In Shelters

\Diamond	Prioritize registration of families with infants
\Diamond	Keep families together
\Diamond	Prevent breastfeeding from being sabotaged
\Diamond	Advocating for breastfeeding area
\Diamond	Protecting the ability to breastfeed anywhere
\Diamond	Anticipatory guidance
\Diamond	Increase milk production
\Diamond	Hand expression
\Diamond	Cup feeding
\Diamond	Safe preparation of formula/complementary foods

The Role Of Lactation Support In Hospitals

- \(\) Increase milk production/relactation
- Prevent breastfeeding from being sabotaged, keep the dyad together

The Role Of Lactation Support In The Community

- Support system work
- Problem solving supplies, time, etc.

- Safe preparation of formula/complementary foods



How To Cup Feed

- 1. Hold the baby in an upright position
- 2. Keep the infant's hands out of the way
- 3. Tilt the cup of milk so that its rim touching the baby's lower lip
- 4. The baby should be sipping or lapping the milk
- 5. Leave the cup at the baby's lip if they take a break



GLOBAL HEALTH MEDIA



JACK NEWMAN
INTERNATIONAL
BREASTFEEDING CENTER



CUP FEEDING A BABY

Cup Feeding Videos

Relactation















What About My Favorite Tools?



Relactation Plan

01

Promote hands on caregiving and skin-toskin contact 02

Eliminate bottle and pacifier

03

Stimulate the breast 8-12 times a day

04

Offer supplements at the breast, if latching









2-6 days: initial milk



4- 28 days: partial relactation



7-60 days: complete relactation



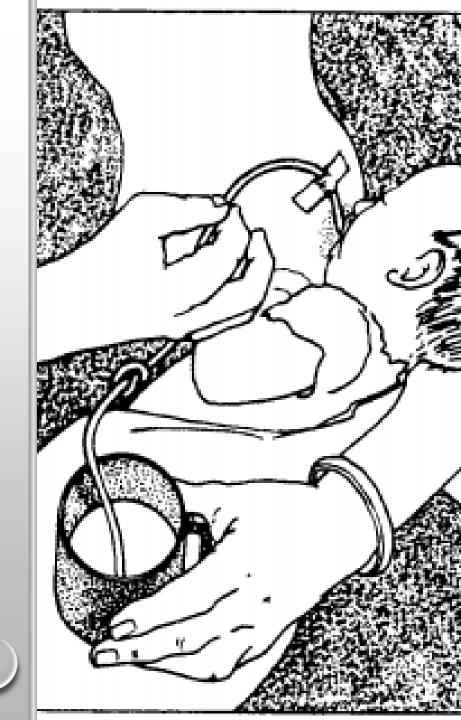
Drop And Drip Technique

- Orip additional milk while infant works to latch well



Supplementers

- δ 50 cm or 90 cm nasogastric tube
- $\triangle 5$ or 6 French medical tubing
- δ 5ml or 10 ml syringes



Notes About DIY Supplementers

- It is against NG manufacturers guidelines to use as a supplementer, proceed with caution
- Dispose of after 24 hours if using formula, 72 hours if using breastmilk, or if any visible signs of damage/discoloration



Cleaning Supplementers

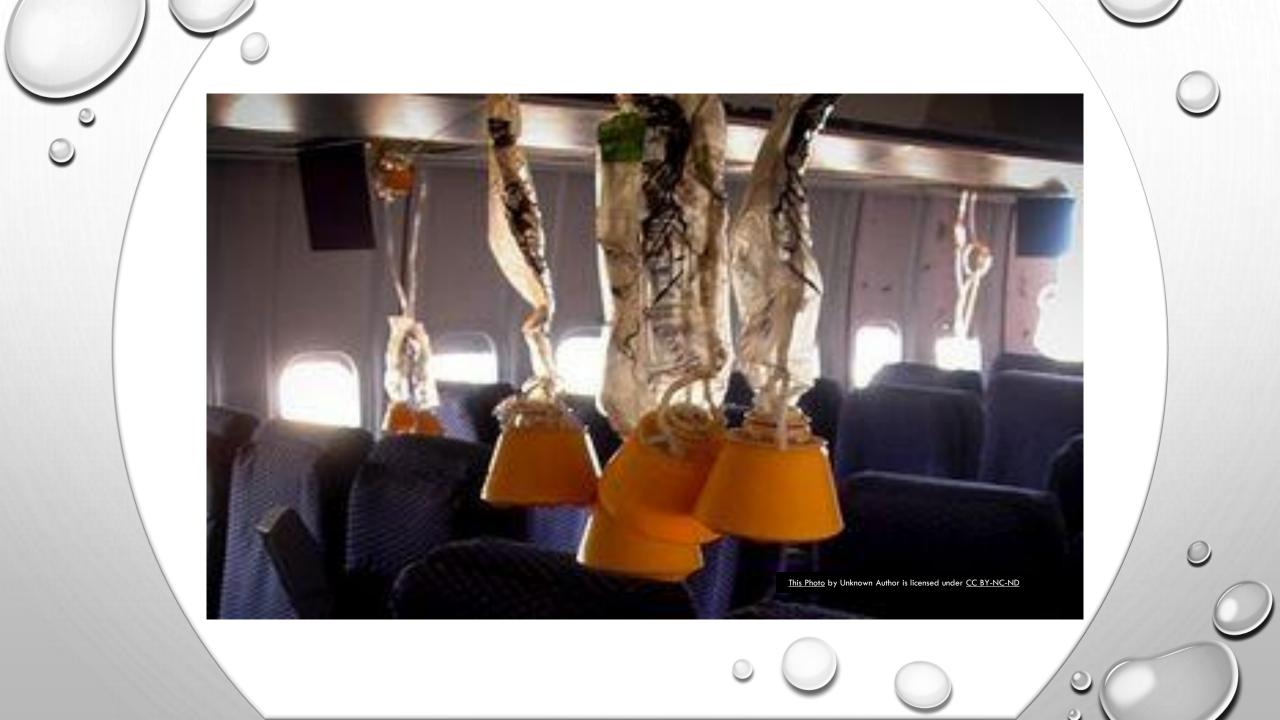


- 1. Flush with cold, purified water using the syringe three times
- 2. Wash and flush with warm soapy water
- 3. Flush with bleach water and soak to sanitize

Bleach: (If You Can't Boil, Steam, Or Use A Dishwasher)

- 1. Prepare a bleach solution of 2 teaspoons of unscented bleach per gallon (16 cups) of water in a clean wash basin.
- 2. Submerge all items completely, checking that the solution touches all parts and there are no air bubbles in the bottles.
- 3. Squeeze solution through nipple holes.
- 4. Soak items in solution for at least 2 minutes.
- 5. Remove with clean hands or tongs. Do not rinse because germs could get back onto the sanitized items. Any remaining bleach will break down quickly as it dries and will not hurt your baby.

After sanitizing, place items on a clean, unused dish towel or paper towel in an area protected from dirt and dust. Allow to air-dry thoroughly before storing. Do not use a dish towel to rub or pat items dry because doing so may transfer germs to the items.





Prepare Yourself And Your Family



Resources To Prepare Yourself

Personal

- Preparedness Calendar
- Psychological First Aid

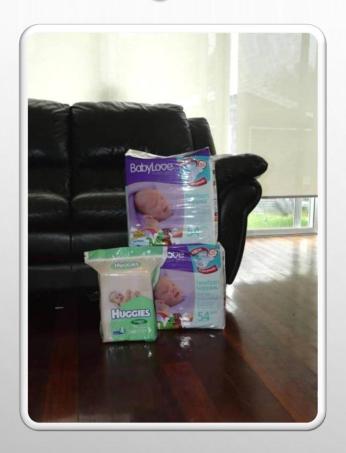
Professional

- Portland Metro Infant Feeding
 In Emergencies Guidance
 (RDPO)
- American Academy Of
 Pediatrics

International

- Emergency Nutrition Network
- **World Health Organization**
- The Technical Rapid Response

 Team





One Week's Emergency Supply

Breastfeeding Vs Formula
Feeding

Photo Credit: Gribble & Berry, 2011



Questions?

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